



Healthy Homes and Lead Poisoning Surveillance System (HHL PSS)

Guidance Manual

May 2014

Version 1

Welcome

Welcome to HHPSS, the Healthy Housing & Lead Poisoning Surveillance System. HHPSS is a web-based, case management and surveillance application that was developed to help local Childhood Lead Poisoning Prevention Programs (CLPPPs) track, investigate, and follow up on lead poisoning cases. The HHPSS stores comprehensive data relevant to lead poisoning cases, including patient names, addresses, blood lead results, and follow-up data. Using this data, HHPSS generates case management letters, alerts, reports and analyses.



HHPSS Secure Portal and Login Pages

Once you have completed the instructions for setting up a 4 digit PIN for your token follow the instructions below.

*** If you already have a token and we did not mail you one then you do not need to setup a 4 digit PIN because you already have one.

To access HHPSS you must visit <https://hhpsstrain.idph.state.ia.us/rii.web/security/login.aspx> enter in your Token User name and Token password plus 4 digit pin. Click Log on.

A screenshot of the "Application and Network Access Portal" login page. The page has a light blue header with the title "Application and Network Access Portal". Below the header, there is a "Log On" section with two input fields: "User name:" and "TOKEN Password:". A "Log On" button is positioned below these fields. At the bottom of the page, there is a footer containing the text: "You are accessing this site from a device running Windows 8.", "This site is intended for authorized users only.", "If you experience access problems contact the [site administrator](#)", and "© 2016 Microsoft Corporation. All rights reserved. [Terms and Conditions](#)".

Go to this URL for the **HHPSS Training Site**:

<https://hhpsstrain.idph.state.ia.us/rii.web/security/login.aspx>.

Then you will get the screen below. Put in your token User name and TOKEN Password, plus your 4 digit SoftPIN number. Click the Log On button.

You should get the HHPSS log in screen. Enter the username and default password from the letter you received with your token. Click Log in.

Log In to HHPSS Ver. 4.0.0.8

User Name

Password

Remember Me

☐

Log In

[Forgot Password?](#)

The Healthy Housing and Lead Poisoning Surveillance System (HHPSS) was developed by CDC/NCEH/HHPB based on the source code from California's RASSCLE II. This copy of HHPSS is registered to the Iowa Iowa Department of Public Health Blood Lead Surveillance Group. The assigned program ID is 19003. This program can only be used by personnel authorized by the Iowa Iowa Department of Public Health. Use by any other personnel is strictly prohibited. If you are an authorized user you may log into HHPSS.

If you have any problems logging into HHPSS contact the HHPSS Helpdesk Administrator at:

Janet Lemmerman
Direct: (515) 242-5200
Toll Free: 1-800-972-2026
Email: Janet.Lemmermann@idph.iowa.gov

Module Pages

After logging into HHL PSS you will be taken to the Home module page. Module tabs (Home, Clinical, Environmental, Reports) appear at the top of each page. Each tab has a menu of links in the left column specific to the function of that module.

HHL PSS
Healthy Homes and Lead
Poisoning Surveillance System

HomeClinicalEnvironmentalReports

Home

View Alerts

Change Password

Archived Alerts

Message From the State

Alerts

[View Archived Alerts](#)

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SELECT A PATIENT

Find Patient

HHL PSS IDLocal IDStellar/Migrated ID

Last Name

First Name

SSN

Medicaid ID

DOB

Jurisdiction

All Jurisdiction

Address

City

Zip

Phone

Search

HHL PSS
Healthy Homes and Lead
Poisoning Surveillance System

HomeClinicalEnvironmentalReports

Find Address

Address Info

Address Notes

Construction History

Investigation Summary

Risk Assessment Inspection

Remediation Inspection

Clearance Inspection

Maintenance Inspection

Property Owner Information

Healthy Housing

SELECT AN ADDRESS

Find Address

Address ID

All Jurisdictions

Dir Prefix

Street Name

Street Type

Dir Suffix

Apt/Unit

City

State

Zip

County

Find

Clear

HHL PSS
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HomeClinicalEnvironmentalReports

Clinical

Blood Lead Test List

Lead Program Activity

Cases Eligible for Closure

Positive Test With No Case

List Cases By Provider

List Cases By Case Manager

Complete Child Report

Blood Test Counts

Duplicate Child Report

Environmental

Blood Tests Report

Report Parameters

Blood Test TypePatient Type

Next PB Test

Next PB Test From Date

Next PB Test End Date

Blood Sample Test

Blood Sample From Date

Blood Sample End Date

Next PB Test Overdue Days

Jurisdiction

All Jurisdictions

Blood Sample Test Case Type

Report Type

Report Export Format

View Report

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Home Page – Home Module

Alerts are generated as events occur (e.g. Cases created or closed) and are recognized by the system. Users are notified automatically to the occurrence of these events through alerts.

The screenshot displays the HHLPPS (Healthy Homes and Lead Poisoning Surveillance System) Home Module. The left sidebar contains navigation links: Home, View Alerts (highlighted with a red circle), Change Password, and Archived Alerts. The top navigation bar includes Home, Clinical, Environmental, and Reports. The main content area is titled 'Message From the State' and 'Alerts'. Below this, a table lists various alerts, each with a 'Mark as Read' link, a description, and a 'Date Received'.

	Date Received
Mark as Read New Investigation Alert - Address, 1458618	7-15-2010
Mark as Read New Case Alert - Patient, 2152613	7-15-2010
Mark as Read New Case Alert - Patient, 2152589	7-15-2010
Mark as Read New Investigation Alert - Address, 1458613	7-15-2010
Mark as Read New Case Alert - Patient, 2152595	7-15-2010
Mark as Read New Investigation Alert - Address, 1458611	7-15-2010
Mark as Read New Investigation Alert - Address, 1458608	7-15-2010
Mark as Read New Investigation Alert - Address, 1458604	7-15-2010
Mark as Read New Case Alert - Patient, 2152587	7-15-2010
Mark as Read New Case Alert - Patient, 2152561	7-15-2010
Mark as Read New Investigation Alert - Address, 1458591	6-02-2010
Mark as Read New Investigation Alert - Address, 1458590	6-01-2010
Mark as Read New Investigation Alert - Address, 1458587	6-01-2010
Mark as Read New Investigation Alert - Address, 1458586	6-01-2010
Mark as Read New Investigation Alert - Address, 1458585	6-01-2010

1 2 3 4 5 6 7 8 9 10 ...

Case Management – *Clinical Module*

The clinical module has been designed for viewing, editing or creating new patient records as well as details related to patient cases.

Select the Clinical tab.



This will direct the browser to the “Find Patient” screen.

A screenshot of the 'Find Patient' screen in the HHL PSS system. The left-hand menu is expanded, showing 'Find Patient' as the selected option. The main content area is titled 'Find Patient' and contains several search fields: 'HHL PSS ID' (with a yellow highlight), 'Local ID', 'Stellar/Migrated ID', 'Last Name', 'First Name', 'SSN', 'Medicaid ID', 'DOB', 'Jurisdiction' (a dropdown menu set to 'All Jurisdiction'), 'Address', 'City', 'Zip', and 'Phone'. A 'Search' button is at the bottom of the form. A note on the right side of the form states: 'For best results, enter just the street number or just the street name.' At the bottom of the left-hand menu, there are links for 'Help', 'Revert', 'Print Screen', and 'Log Out'.

You will not be able to add a new patient to HHL PSS. However, you must search for a patient prior to receiving the option to edit the record.

To select a patient for viewing, click on the “Find Patient” link at the top of the left-hand menu. This will display a page that will allow you to enter search criteria for the patient record that you want to view. Enter the search criteria for the patient and then press “Search” button. A list of matching records will be displayed. Once you have selected a patient record (by clicking on the associated hyperlink) a summary screen will be displayed containing the patient's Name, HHL PSS ID, Date of Birth, Local ID, Address, Case Status, and Jurisdiction.

If you return more search results than you would like to browse through, click the “Revise Search” button near the bottom of the page and add additional search criteria.

HHPSSHealthy Homes and Lead
Poisoning Surveillance System

SELECT A PATIENT

Home

Clinical

Environmental

Reports

Find Patient

Clinical Letters

Patient Info

Patient Address

Blood Lead Tests

Case Details

Case Exposure

Associated Persons

Other Blood Tests

Other Medical

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Patient Attachments

Name	HHPSS ID	Date of Birth	Local ID	Address	Case Status	Jurisdiction
Bartholomew Simpsons	963040	4/2/2012		321 E 12th Street #5, Des...	Open	Polk County
... 8 9 10 11 12 13 14 15 16 17						

Help

Print Screen

Log Out

Revise Search

Add New Patient

If the patient which you wish to edit is listed within the search results, click the patient name in the “Name” column to open the “Patient Information” screen.

HHL PSS
Healthy Homes and Lead
Poisoning Surveillance System

(SIMPSON, BARTHOLOMEW) DOB: 4/1/2012 ID#: 963040

Home Clinical Environmental Reports

Find Patient
Clinical Letters
Patient Info
Patient
Family Members
Patient Address
Blood Lead Tests
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Patient Attachments

Last Name **AKA** Simpson First Name Bartholomew Middle Name JoJo Case Type (Case Status) State Case (Open)

DOB 04/01/2012 Current 1 Yrs. 11 Mos. Sex Male Twin ☐

Ethnicity Select Race Select

Not Hispanic White

Local ID No. Medical Rec. Max Blood Pb 32 # Reports 1 SSN Medicaid ID Next Pb Date 4/29/2013

Country of Birth State/Province Language Interview in English? ☐

Number 321 Direction E Street 12th Type ST Direction Apt. 01

City Des Moines County Polk State IA Zip 50319

Census Tract Parcel No. District Follow-up received ☐

Guardian Phone Guardian First Name Guardian Last Name

Patient Phone

Help
Save
Revert
Print Screen
Log Out

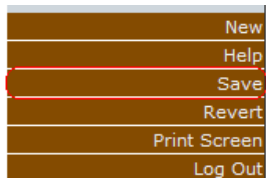
From the Patient Details screen, the user can view or edit the patient’s demographic information. The screen also provides a view of the patient’s current address, Guardian name and phone number.

Patient Details User Form Field Listing

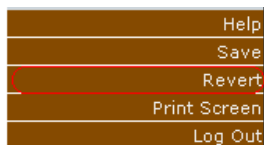
Field Name	Meaning
Last Name	Last name of patient
First Name	First name of patient
Middle Name	Middle name of patient
DOB	Date of birth of patient
Current Age	Current age of patient (system generated)
Sex	Gender of patient
Twin Indicator	Indicates whether the patient record was born apart of a multiple birth
Ethnicity	Patient’s ethnicity
Race	Patient’s Race
Local ID No.	Patient identifier utilized by local health department or entity
Medical Rec.	Medical record number of patient

Max Blood Pb	Patient's maximum blood test result value
# of Reports	Number of blood lead tests on file for patient.
SSN	Social Security Number of Patient
Medicaid ID	State Medicaid identifier for patient
Next Pb Date	Date the next blood test is due for patient
Country of Birth	Country of birth for patient
State/Province of Birth	State or province of birth for patient
Language	Patient's primary spoken language.
Interview in English? Indicator	Indicates whether case management interview was conducted in English
Patient Address details (view only)	View of current address of patient
Patient Phone and Guardian Information (view only)	View of the primary guardian contact info for patient.

If you edit any patient details, click the “Save” button in the (burgundy) bottom left corner menu to save the changes. (If you navigate away from the page without saving, your changes will be lost).



If you wish to cancel your changes prior to saving, click the “Revert” button in the (burgundy) bottom left corner menu to revert to the prior values.



Family Members and Guardian Screen

The Family Members and Guardian Screen will be utilized to input details of the family members related to the selected patient and phone numbers corresponding to each guardian.

To add a new family member or guardian for the selected patient, click the “New” button in the (burgundy) bottom left corner menu to enable the fields to add a new family member.

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Healthy Homes and Lead
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(SIMPSON, BARTHOLOMEW) DOB: 4/1/2012 ID#: 963040

Home Clinical Environmental Reports

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Family Members and Guardian

Name	Relationship	Primary	Choose
	1		

First Name * Middle Name Last Name * Maiden Name

DOB Sex Relationship * Primary

Add Phone Cancel

New
Help
Save
Revert
Print Screen
Log Out

New
Help
Print Screen
Log Out

The minimum fields required to create a family member are indicated with a red asterisk [*] and are First Name, Last Name and the Relationship to Child.

Input the corresponding data in these and the other fields corresponding to the new family member and click the “Save” button in the (burgundy) bottom left corner menu to save your new provider.

New
Help
Save
Revert
Print Screen
Log Out

After the record is saved, the family member will be added to the family member list and will be active in the user form for the addition of additional details and a contact number.

To edit any other family member's information, click the name of the family member link in the list.

To add a contact number for the family member, with the family member selected in the “Family Members and Guardian” listing; click the “Add Phone” button.

Add Phone

Cancel

Phone	Type	Main	Edit	Delete
1				

This will open the add phone number control within the page.

Family Members and Guardian

Name	Relationship	Primary	Choose
Mister Drummond	Guardian	Yes	

First Name

Mister

Middle Name

Last Name

Drummond

Maiden Name

DOB

Sex

Relationship to Child

Guardian

Primary Guardian

Yes

Add Phone

Cancel

Phone	Type	Main	Edit	Delete
				Save
1				

Input a ten digit phone number format of (XXX) XXX-XXXX and select a phone type. Click the radio button labeled in the main column, if the phone number is the main contact number for the patient. Click “Save” to add the phone number to the family member record. You can add additional phone numbers by clicking the “Add Phone” button.

Family Members and Guardian

Name	Relationship	Primary	Choose
Mister Drummond	Guardian	Yes	

Clicking the “Choose” button allows the user to designate a “primary guardian” from the family members listing for the patient.

Parent/Guardians -- Webpage Dialog

Select Primary Guardian for Patient

Choose Cancel

Name	Relationship to Case	Primary Guardian
Mister Drummond	Guardian	<input checked="" type="radio"/>

http://localhost/RII.Web/ClinicalCase/ParentGuardianPopup.aspx?patientid=184324 Local intranet

Patient Address History Screen

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Patient Address

Address Id	Address	Resided From	Resided Until	Investigation Status	Delete	Edit
558081	321 E 12th Street #5 Des Moines IA 50319			Open	X	Edit

Address Id: 558081

Line 1

City

Apt/Ste #

State

Line 2

Zip

Census Tract

County

Census Block

Parcel Number

No of Units

Phone

District

High Risk Structure? ☐

Year Built

Dwelling Type

Ownership Type

Comments

Address Type

Resided From

Address Status

Resided Until

Last Known Address ☐

Currently Lives At ☒

[Validate Address](#)
[Cancel](#)

[Help](#)
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The Patient Address History Screen will be utilized to view and input details related to the selected patient's current and former addresses.

Patient Address User Form Field Listing

Field Name	Meaning
Line 1	Street Address
Line 2	Street Address Line 2
Apt/Ste #	Apartment or Suite Number
City	City
State	State
Zip	Zip Code
County	County
Census Tract	Address census tract
Parcel Number	Local parcel number of address
District	Address district
Dwelling Type	Selected dwelling type (Single, multi family, etc.)
Number of Units	If multi-unit dwelling, number of units within

	dwelling
High Risk Structure	Was the dwelling built prior to 1978
Address Description	Free text description of address record
Address Type	Type of address (i.e. primary home, vacation home, etc.)
Address Status	Statuses of patient address (primary, former, etc.)
Reside or spent time dates	Dates patient resided at address ("Until" is blank if patient currently resides at address)
Last known address indicator	Indicates whether this is the last known address on file for the patient.
Currently resides at indicator	Indicates whether the patient currently resides at address
Ownership Type	Ownership type of residence (Owner occupied, rental, etc.).
Phone	Phone number associated with address

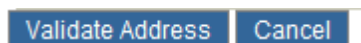
The current address will be selected in the address list and active within the user form below the address list.



Clicking the "Address ID" link in the Address Listing will select the address within the Clinical Module form below the listing. Clicking the "Address" link will direct the browser to the Environmental Module to view more address details.

The user can edit the address details within the Clinical Module click the "Edit" link. If the selected State is change the page may reload to populate the county list control.

To begin saving changes to the address record, click the "Validate Address" button beneath address details form. Address validation attempts the correction of any missing or incorrect address details and the addition of geocoding data (census block, census tract, latitude and longitude).



Once the address validation has been attempted, click the “Save Address” button will be presented to finalize the address save operation.

Save Address **Cancel**

To add a new address to the patient’s address history, click the “Add Patient Address” button beneath address details form to enable the fields to add a new address for the patient.

Add Patient Address

Input the address details in the appropriate address field.

De-duplicate Address Popup

The de-duplicate address popup allows for selection or rejection of possibly matched address records. To select an existing record as a match to the newly entered record, select the address id corresponding to the matched address. If you wish to reject all possible matches and create a new address record, enter a rejection reason in the ‘Reject reason’ field and click the ‘Reject’ button.

The screenshot shows the HHL PSS (Healthy Homes and Lead Poisoning Surveillance System) interface. The patient is (SIMPSON, BARTHOLOMEW) with DOB: 4/1/2012 and ID#: 963040. The 'Patient Address' form is visible, showing a table of existing addresses and a form to add a new one. A 'Dedup Address' popup is open, displaying a list of existing addresses for comparison with the new address being entered.

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Patient Address

Address Id	Address	Resided From	Resided Until	Investigation Status	Delete	Edit
558081	321 E 12th Street #5 #5 Des Moines IA 50319			Open	X	Edit

Address Id:
Line 1 1100 E 6th St Apt/Ste # Line 2 Census Tract
City Des Moines State IA Zip 50316 County Polk Census Block
Suite range missing error.

Parcel Number
No of Units 4
Phone
Comments
Address Type Relative/Friend
Resided From
Cancel

Dedup Address

Address Context: 1100 E 6th St Des Moines IA 50316 Polk

Address Id	Address	Score	Investigation Status	Can Merge
444666	1100 East 6th Street Apt/Suite 9 Des moines IA 50316	90	Not A Case	<input checked="" type="checkbox"/>
444666	1100 East 6th Street Apt/Suite 9 Des moines IA 50316	90	Not A Case	<input checked="" type="checkbox"/>
451640	1100 East 6th Street Apt/Suite 4 Des moines IA 50316	90	Not A Case	<input checked="" type="checkbox"/>
451640	1100 East 6th Street Apt/Suite 4 Des moines IA 50316	90	Not A Case	<input checked="" type="checkbox"/>
459999	1100 East 6th Street Apt/Suite 11 Des moines IA 50316	90	Not A Case	<input checked="" type="checkbox"/>
459999	1100 East 6th Street Apt/Suite 11 Des moines IA 50316	90	Not A Case	<input checked="" type="checkbox"/>
463070	1100 East 6th Street Apt/Suite 12 Des moines IA 50316	90	Not A Case	<input checked="" type="checkbox"/>
463070	1100 East 6th Street Apt/Suite 12 Des moines IA 50316	90	Not A Case	<input checked="" type="checkbox"/>

Reject reason
Reject

De-Duplicate Address

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Patient Address

Address Id	Address	Resided From	Resided Until	Investigation Status	Delete	Edit
558081	321 E 12th Street Des Moines IA 50319			Open	X	Edit
451640	1100 East 6th Street Apt/Suite 4 Des moines IA 50316			Not A Case	X	Edit

Address Id: 558081

Line 1
 Apt/Ste #

Line 2
 Census Tract

City
 State
 Zip

County
 Census Block

Parcel Number
 District

Dwelling Type

No of Units
 High Risk Structure? ☐

Ownership Type

Phone
 Year Built

Comments: Primary address where child was exposed to lead paint hazards.

Address Type
 Address Status

Last Known Address ☐

Resided From
 Resided Until

Currently Lives At ☒

[Add Patient Address](#)

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Blood Lead Testing History

The Patient Blood Test History Screen will be utilized to view and input details related to the selected patient's blood lead testing history.

The earliest test available will be selected in the blood test list and active within the user form below the blood test list.

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Select	Tiered Date	Result	Sample Type	Patient Address on Draw Date	HL7 File	Delete
<input checked="" type="checkbox"/>	1192754	4/1/2013	±32	Venous	321 E 12th ST	Delete

☐ No Result Result Type:

Test Type
 Detection
 Result
 Lab Smpl #

☒ Confirmatory Test
☐ Lab data incomplete
☐ Electronically Reported
☐ Reported By Lab

Sample Type
 Sample Description

Date Drawn
 Date rcvd at Lab
 Date Analyzed

Date received at LHD
 Tiered Date (Calculated)
 Age at draw (Calculated)

Patient Address (at time of draw)
 Age reported by lab Yrs. Mos.

☐ Adult?

Institution
 Physician

Analyzing Laboratory
 Referring Laboratory

Comment

Date Created
 Created By

Date Modified
 Modified By

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The user can select any blood lead test within the listing of tests for the patient by clicking the test identifier number link in the “Select” column of the blood test list.

The user will not be able to edit or add additional blood lead information. If the patient’s blood lead test data needs to be updated contact IDPH (1-800-972-2026) with the correct patient information.

Blood Lead Test User Form Field Listing

Field Name	Meaning
Test Type	Type of laboratory test (i.e. blood lead test)
Result	Result value of test
Lab Sample Number	Sample number assigned by laboratory
Detection	Results value comparator (=, >, <)
Confirmatory Test	Indicates whether the blood tests is a confirmatory test
Lab data incomplete	Indicates whether the blood lead test is missing data
Electronically Reported by Lab	Indicates whether the record was electronically reported
Sample Type	Sample the type reported by lab (i.e. venous, capillary, or unknown)
Sample Description	Free text a description of blood tests in the
Date Drawn	Date sample was drawn from patient
Date received at lab	Date laboratory received sample from provider
Date received at the local health departments (LHD)	Date blood lead test record was received by State or Local health department
Tiered Date (System Calculated)	Date utilized to calculate date ranges base upon dates associated with address (set to Date Drawn if available)
Age at draw (System Calculated)	Age of patient at date drawn
Patient address	Choose the address of the patient associated with blood test.
Adult indicator	Indicates whether the patient should be considered an adult
Institution	Institution where sample was provided (hospital or clinic)
Physician	Provider who drew or recommended blood lead test

Analyzing laboratory	The laboratory which analyzed the sample..
Referring laboratory	The laboratory which referred the sample to analyzing lab.(if necessary)
Comment	Free text comments
Date created	The date blood test record was created (system generated)
Created by	User who created blood test record (system generated)
Date modified	Date blood test record was modified (system generated)
Modified by	User who modified blood test record (system generated).

Case Details/ Case Initiation

Details related to the current patient's case history can be view by selecting the "Case Details" menu item.

HHL PSS
Healthy Homes and Lead
Poisoning Surveillance System

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Home Clinical Environmental Reports

Find Patient
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▶ Case Details
Case Initiation
Case Information
Case Disposition
Disposition History
Case Exposure
Associated Persons
Other Blood Tests
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Case Type
Case Status
Open
Reason for Case Initiation
(Surveillance Case Only)
Met State Case Criteria

Case-Making Blood Result(s)

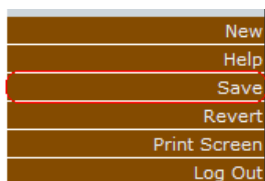
Date	Pb Value	Type	Patient Address at Draw Date
4/1/2013	32	Venous	321 E 12th ST #5

Case Initiation
Origin of case notification
... if Transfer, from where:
... if Other, specify:
Date of case making
BLL
04/01/2013
Date LHD first received
notice
Date case first assigned
to Case Manager
Case Manager home visit done?
Date of first home visit
Date environmental health
notified case
Primary residence environmental
Investigation done?
Date of initial environmental
investigation

Help
Save
Revert
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This will activate the "Case Initiation" screen. This screen captures details related to the creation of the patient case.

Input the details related to the initiation of the case into the specified fields. To save, click the “Save” button in the (burgundy) bottom left corner menu to update the case initiation data.



Case Initiation Form Field Listing

Field Name	Meaning
Case Status	Type of laboratory test (i.e. blood lead test)
Reason for Case Initiation	Result value of test
Case Making Blood Results Listing	Sample number assigned by laboratory
Origin of case notification	<p>Select the first source of case notification to the local Health Department from the choices given:</p> <p>Lab - The laboratory that determined the patient's blood lead level.</p> <p>State - The state health department's Childhood Lead Poisoning Prevention Branch.</p> <p>Provider - The child's medical provider.</p> <p>Transfer From Other Health Department - Choose this option if the case has been transferred from another health department. If this option has been selected, the . . . if Transfer, from where drop-down immediately below will be activated and you will need to specify the health department.</p> <p>Other - If none of the above options are correct, use this option. When Other is selected, the . . . if Other, specify field below is activated. This is a free-form text field that allows you to type a short description of the origin of the case.</p>
If transfer, from where	<p>This drop-down menu is active only if the Origin of case notification drop-down is set to Transfer From Other Health Department. Use it to specify the jurisdiction that the case has transferred from.</p>
If other, specify	<p>This text-entry field is only enabled when the Origin of case notification drop-down is set to Other. Use this field to specify the other source of the case notification</p>
Date of Case making BLL	Specify the date the case-making Blood Lead Level (BLL) draw occurred.

Date LHD first received notice	Specify the date that the local health department (LHD) was first notified of the case. This date specified here should be the date that the LHD first learned of the case, regardless of the source of that notice.
Date case first assigned to PHN	Specify the first date that the case was assigned to a PHN.
PHN Home visit done	Select Yes , No , or Unknown to indicate whether a site investigation has been done for this case.
Date of first home visit	This field is active only if the PHN home visit done? drop-down is set to Yes . If a home visit has been made, use this field to specify the date of the first visit. This should be the date the home was first visited and not necessarily the date of the first family interview.
Date environmental health	Specify the date of the first notification.
Primary residence environmental investigation done.	Select Yes , No , or Unknown to indicate whether an environmental investigation has been done for this case. Select Yes if the environmental investigation of the primary residence has been completed. Other investigations (daycare, grandparents, etc.) need not have been completed yet.
Date of initial investigation	This field is active only if the Primary residence environmental Investigation done? drop-down is set to Yes . If an environmental investigation has occurred, use this field to specify the date that the investigation took place.

Case Details/Information

The “Case Details” page allows the user to view and edit selected case information and events associated with a selected patient.

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Case Details

Case Manager: Case Status:
[Edit Case Manager Assignment](#)

Case Events

Event Listing
No Events on File

Event Type Letter
Date Referred Date
Date Completed Due
Result
Responsible Party

Comment

Add Event

Case manager assignments can be viewed or changed in the upper portion of the screen. The current case status is also display however, it is not editable.

To change the case manager assignment for the patient’s case, click the “Edit Case Manager Assignment” hyperlink. Select the appropriate case manager from the list of available case managers and then click the “Assign Case Manager” hyperlink.

Case Details

Case Manager: Case Status:
[Assign Case Manager](#)

Case events are utilized to record regularly recurring case actions in a tabular listing. Past Case events can be viewed, edited, or deleted from the ‘Event Listing’ table in the lower portion of the screen.

Case Events

Event Listing

Event Id	Event Type	Letter Type	Date Referred	Date Due	Date Completed	Result	Responsible Party	Delete	Edit
29013	Chelation Referral	Child Due for Re-Test - EBLL >= 20 µg/dL - Letter to Guardian	8/16/2010	8/16/2010	8/16/2010	Busy Signal	Blumenthal, Wendy	X	Edit
29015	Contact Attempt - Face to Face	Ad Hoc Letter	8/17/2010	8/17/2010	8/17/2010	Certified Letter Returned	Brown, Mary	X	Edit
29016	Employer Education Needed	Summary Letter to Physician	8/18/2010	8/18/2010	8/18/2010	Uncooperative or refused	Jefferies, Taran	X	Edit
29019	Contact Landlord - Mail	Contractor Warning	11/01/2009	11/12/2009	11/04/2009	Yes	Jones, Davey	X	Edit
29020	Letter Sent	Summary Letter to Physician	11/08/2010	11/08/2010	11/08/2010	Yes	Manager, Case	X	Edit
29022	Contact Tenant - Face to Face		12/03/2010	12/03/2010	12/03/2010	Yes	Jacobs, Penn	X	Edit

Event Type	<input type="text"/>	Letter Type	<input type="text"/>
Date Referred	<input type="text"/>	Date Due	<input type="text"/>
Date Completed	<input type="text"/>	Result	<input type="text"/>
Responsible Party	<input type="text"/>		

Add Event

- To review the details of a past event, click the hyperlink corresponding to the 'Event Id' of the event of interest. The details of the event record will populate the user form below the 'Event Listing' table. The details will be made visible but not editable.
- To edit past event details, click the 'Edit' hyperlink in the row corresponding to the event of interest. The details of the event record will populate the user form below the 'Event Listing' table and the form will be activated for editing.
- To delete a past event, click the red 'X' [X] in the 'Delete' column of the row corresponding to the event of interest.
- To add a new event, click the 'Add Event' button below the event form. The form will be activated for data entry. Input the required Event data items (Event Type, Date Referred, Due Date, and Responsible Party). Click the 'Save Event' button to commit the event record to the system data store.
- If validation errors are found, they will be display below the form and above the 'Save Event' and 'Cancel' buttons.

Event Type	<input type="text"/>	Letter Type	<input type="text"/>
* Date Referred	<input type="text"/>	* Date Due	<input type="text"/>
Date Completed	<input type="text"/>	Result	<input type="text"/>
* Responsible Party	<input type="text"/>		

Validation errors have occurred in Event Detail

- Date Due is required.
- Date Referred is required.
- ResponsibleParty is required.

Save Event

Cancel

Case Disposition – Case Closing

To close a case or view details related to a cases closure, select “Case Disposition” from the “Case Details” sub menu under the Clinical Tab of HHL PSS.

The “Case Disposition” screen captures details related to the closure of the patient case.

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Case Disposition

View Deleted duplicate associated Patients

☐ PHN Case Closed

Date Closed: Reason for Closure:

If Reason For Closure is Transferred:

Date Transferred: Reason for Transfer:

Specify:

Current Address for Patient: LHO Referred to:

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Input the details related to the closing of case into the specified fields. To save, click the “Save” button in the (burgundy) bottom left corner menu to update the case disposition data.

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Case Disposition Form Field Listing

Field Name	Meaning
Deleted duplicate associated patients	View patients merged with current record through record de-duplication processing.
PHN Case Closed	Select to indicate case closure
Date Closed	Indicate the date that the case was considered closed by the state or local health department.
Reason for closure	<ul style="list-style-type: none"> • If the case has been closed because it's invalid (not because it's a valid case that's eligible for closure) select the top- level Not a Case button and then take the following steps: • Choose the reason that the case is being closed (False Positive, EBL, not State case or Clerical Error). EBL, not State case should be used when you have opened a case file on a child not meeting the state CLPPB case criteria. • If you select False Positive as the reason for closure, the list box to the right of the check box will become enabled and you should use it to select the original, case-making BLL and the subsequent result that invalidated it. • If you select Clerical Error as the reason for closure, the list box to the right of the check box will become enabled and you should use it

Field Name	Meaning
	<p>to select the original, case-making BLL that was entered in error.</p> <ul style="list-style-type: none"> • If a valid case was closed, select the top- level PHN Case Closed check box and then take the following steps: • Use the Reason for Closure drop-down to indicate the reason that the case was closed: • Standard Clinical Case Closure - Select this option if the case was closed because it met clinical case closure criteria. • Persistent Refusal - Select this option if the case was closed because the patient has persistently refused to be re- tested after an initial case-making result. If you are closing the case for this reason, use the Notes section of the Clinical tab (at the very bottom of the menu bar on the left side of the page) to document the basis in the case file. • Unable To Locate Family - Select this option if the case was closed because the patient's family cannot be located. If you are closing the case for this reason, use the Notes section of the Clinical tab (at the very bottom of the menu bar on the left side of the page) to document the basis in the case file. • Transferred To Other Health Dept - Select this option if the patient has moved to another Jurisdiction (You will need to specify where the patient has transferred to, see Step 3 below.) • Admin - Select this option if the case was closed for other, administrative reasons (e.g., patient has reached the age of 21). • State Case Opened - Select this option if a surveillance case is being closed in favor of a State case. • If the reason for closure was Transferred To Other Health Dept, the following fields become enabled and should be filled out before
Date Transferred	If case is being transferred to another jurisdiction, enter the date of transfer.
Reason for transfer	Reason for Transfer - Use this drop- down to provide information about the nature of the transfer:
Specify	Specify reason for jurisdiction transfer not within list.
Current Address	Use this field to enter the current address for the patient (i.e., the address the patient has transferred to).
LHD referred to	Use this drop-down to select the local health department that the patient has transferred to.

Disposition history – case history

To view the history of the patient's past case status, select "Disposition History" from the "Case Details" sub menu under the Clinical Tab of HHL PSS.

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History of Case Disposition

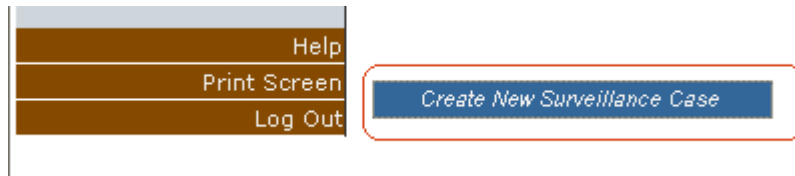
Opened	Jurisdiction	Status	Reason	
3/31/2014	Polk County	Open	Met State Case Criteria	Details

Create New Surveillance Case

The "Disposition History" screen displays details related to the history of the current patient's case status. The details of patient's current and past cases can be viewed within this screen. To edit or view closure details of a past case, click the "Details" link in the patient's case listing. This will activate the "Case Disposition" screen for the selected case.

Manually Open Patient Case

To manually open a case for a patient, click the “Create New Surveillance Case” button near the bottom of the “Disposition History” page. The patient must current have no case or a previously closed case.



This will activate the “Create New Surveillance Case” popup. This popup allows for the manual creation of a patient case.

A screenshot of a web application's 'Create New Surveillance Case' popup dialog box. The dialog has a blue title bar with the text 'Create New Surveillance Case -- Webpage Dialog' and a close button. The main content area has a title 'Create New Surveillance Case' and a subtitle 'Assign Elevated Blood Lead Level'. Below the subtitle is a table with three columns: 'Date', 'Value', and 'Patient Address'. The table contains one row with the values '8/10/2009', '15', and '94 Evergreen TER'. To the right of the table is a 'Select' button with a radio button icon. Below the table is a section titled 'Select reason for creating case' with a dropdown menu labeled 'Reason for Creating Case'. At the bottom of the dialog are two buttons: 'Create' and 'Cancel'. The 'Create' button is highlighted with a red rectangular box. The dialog box is titled 'Create New Surveillance Case' and has a subtitle 'Assign Elevated Blood Lead Level'. It contains a table with columns 'Date', 'Value', and 'Patient Address'. The table has one row with values '8/10/2009', '15', and '94 Evergreen TER'. To the right of the table is a 'Select' button with a radio button icon. Below the table is a section titled 'Select reason for creating case' with a dropdown menu labeled 'Reason for Creating Case'. At the bottom of the dialog are two buttons: 'Create' and 'Cancel'. The 'Create' button is highlighted with a red rectangular box. The dialog box is titled 'Create New Surveillance Case' and has a subtitle 'Assign Elevated Blood Lead Level'. It contains a table with columns 'Date', 'Value', and 'Patient Address'. The table has one row with values '8/10/2009', '15', and '94 Evergreen TER'. To the right of the table is a 'Select' button with a radio button icon. Below the table is a section titled 'Select reason for creating case' with a dropdown menu labeled 'Reason for Creating Case'. At the bottom of the dialog are two buttons: 'Create' and 'Cancel'. The 'Create' button is highlighted with a red rectangular box.

Date	Value	Patient Address	Select
8/10/2009	15	94 Evergreen TER	<input type="radio"/>

Select result value and address

Select reason for creating case

Reason for Creating Case

Create button

http://localhost/RII.Web/ClinicalCase/CreateNewSurveillanceCasePopup.. Local intranet

Select a blood lead result value and address to associate with case, by clicking the radio button in the “Select” column.

Select a reason for manual case creation from the list of available choices.

Click the “Create” button.

Close out “Create New Surveillance Case” popup

Case Exposure Sources

To input details relating to a patient's possible exposure to lead sources utilize the "Case Exposure" menu item of the "Clinical" tab

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Has Case lived outside of the US in the last year ?

If Yes, where? Date last moved to the US: Month Year

Has case traveled outside of the US in the last year?

If Yes, where? From To

Note potential lead-related findings from the home tour (including inside of home, porch, garage)

Places case spends a lot of time, other than home.
☒ ☐ Daycare/baby-sitter ☐ Preschool ☐ School ☐ Relative/friend/neighbor
None ☐ Other - Specify:

Has case been seen eating any paint chips?

Has case been seen frequently eating soil?

Has case been seen eating other non-food items?

Specify

The "Case Exposure" menu item expands a sub menu of pages designed to collect data related to possible exposure sources for the patient case. *These pages cannot be edited if the patient does not have a case that is currently open.*

Mobility & Behavior

The "Mobility & Behavior" page allows the user to input details related to the patient's movement outside of the United States and specific behaviors considered to increase the likelihood of lead exposure. To activate the fields related to mobility, select "Yes" from the list of choices in the "Has Case lived outside of the US in the past year?" list box.

Has Case lived outside of the US in the last year ?

Yes

To input details related to at risk behavior fill the details related to at risk behavior near the bottom of the page.

Has case been seen eating any paint chips?

Has case been seen frequently eating soil?

Has case been seen eating other non-food items?

Specify

To save, click the “Save” button in the (burgundy) bottom left corner menu to update the patient exposure data.

New

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Take Home [Exposure Sources]

To input details relating to a patient's possible take home exposures to lead sources utilize the “Take-Home” menu item of the “Clinical” tab

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Select Address: 1100 E 6th ST, Des moines , IA 50316

Do any adults in the household work with lead?

If yes, date State Occupational Lead Poisoning Prevention Program notified:

#	Who	Occupation	Source Of Exposure	Delete
<p>Who in the Household works in the lead industry? <input type="text"/></p> <p>Describe Occupation <input type="text"/></p> <p>What is the source of lead exposure? <input type="text"/></p> <p>How long doing this kind of work? Yrs. <input type="text"/> Mos. <input type="text"/></p> <p>Is Clothing Changed before leaving work? <input type="text"/></p> <p>Is shower taken before leaving work? <input type="text"/></p> <p>Was a Routine blood lead test performed? <input type="text"/></p>				

New
 Help
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The “Take Home” exposure page allows the user to input details related to the patient’s families’ possible occupation exposures to lead. To activate the fields related to take home exposures select “Yes” from the list of choices in the “Do any adults in the household work with lead?” list box.

Do any adults in the household work with lead? *

Input data related to the family members occupation in user form near bottom of page.

The minimum fields required to create a take home exposure record are display with a red asterisk [*] and are Date state occupational lead program notified, Who in the Household works in the lead industry, and Describe Occupation.

Input the corresponding data in the required and other fields corresponding to the new take home exposure source and click the “Save” button in the (burgundy) bottom left corner menu to save record.

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Hobbies

To input details’ relating to a patient’s possible exposures to lead sources during their hobby activities utilize the “Hobbies” menu item of the “Clinical” tab.

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Other Blood Tests

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Select Address:

Does anyone at this address have a hobby that involves lead?

#	Who	Hobby	Done Where?	Delete

Who in the Household has a hobby involving lead?

How long have these activities been done?

Yrs. Mos.

What does the hobby involve?

If other, specify:

Where is the hobby engaged in?

For Hobbies done outside the home:

Is Clothing Changed before entering home?

Is shower taken before entering home?

New
Help
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Revert
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The “Hobbies” exposure page allows the user to input details related to the patient’s and the patient’s families’ possible occupation exposures to lead during hobby activities. To activate the fields related to take home exposures select “Yes” from the list of choices in the “Does any at the address have a hobby that involves lead?” list box.

Does anyone at this address have a hobby that involves lead? Yes *

Input data related to the patient’s and family members hobbies in user form near bottom of page.

The minimum fields required to create a take home exposure record are display with a red asterisk [*] and are “Who in the household has a hobby involving lead?”, “What does the hobby involve?”.

Input the corresponding data in the required and other fields corresponding to the new hobby and click the “Save” button in the (burgundy) bottom left corner menu to save record.

- New
- Help
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Home Remedies

To input details relating to a patient’s possible exposures to lead sources during the use of home remedies utilize the “Home Remedies” menu item of the “Clinical” tab

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Does your family use Home Remedies?
Yes *

#	Home Remedy	Last Used	Delete
	Home *	Other 	Sample Collected?

Was remedy given to case?

List other household members given remedy:

Name	Pregnant

Date last given to Case?

How many times in last year?
 Total amount/day
 How much was given to case?
 Duration
 How Often

For what purpose was the remedy given?

The “Home Remedies” exposure page allows the user to input details related to the home remedies utilized by the patient’s family and their possible relation to lead exposure. To activate the fields related to take home exposures select “Yes” from the list of choices in the “Does your family use Home Remedies?” list box.

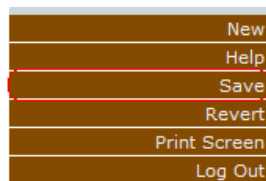
Does your family use Home Remedies?



Input data related to the family’s use of home remedies in user form near bottom of page.

The only field required to create a take home exposure record is displayed with a red asterisk [] and is Home Remedy.

Input the corresponding data in the required and other fields corresponding for the new home remedy and click the “Save” button in the (burgundy) bottom left corner menu to save record.



Pottery and Utensils

To input details relating to the patient’s exposures to lead sources during the use of household pottery or utensils, utilize the “Pottery and Utensils” menu item of the “Clinical” tab.

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Do you have any imported or handmade ceramics in the household? (List those with which case comes into contact)

Yes ▼ *

Out of what does the case usually eat and drink?

#	Imported or handmade ceramic	Test Kit Result	Delete

Imported or handmade ceramics

Describe its use

Sample Collected?

▼

Test Kit result

▼

New

Help

Save

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The “Pottery and Utensils” exposure page allows the user to input details related to the pottery and utensils utilized by the patient’s family and their possible relation to lead exposure. To activate the fields related to pottery and utensil exposures select “Yes” from the list of choices in the “Do you have any imported or handmade ceramics in the household?” list box. Only list those items which the patient comes into contact.

Do you have any imported or handmade ceramics in the household? (List those with which case comes into contact)

Yes

Input data related to the family’s use of possible lead containing pottery and utensils in user form near bottom of page.

The only field required to create a pottery/utensil exposure record is displayed with a red asterisk [*] and is Imported or handmade ceramics.

Input the corresponding data in the required and other fields corresponding for the new home remedy and click the “Save” button in the (burgundy) bottom left corner menu to save record.

New
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Cosmetics

To input details relating to the patient’s exposures to lead sources during the use of cosmetic products, utilize the “Cosmetics” menu item of the “Clinical” tab.

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Are any of these cosmetics ever used in the household ?

Cosmetic Last Used Delete

Cosmetic Other Cosmetic Sample

Was this cosmetic used by this case? List other household members using this cosmetic:

Name Pregnant

How long (days) used by case Date last used by case How many times used in the last year?

New
Help
Save
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The “Cosmetics” exposure page allows the user to input details related to the cosmetic products utilized by the patient’s family and their possible relation to lead exposure. To activate the fields related to pottery and utensil exposures select “Yes” from the list of choices in the “Are any of these cosmetics ever used in the household?” list box.

Are any of these cosmetics ever used in the household ?

Yes *

Input data related to the family’s use of possible lead containing cosmetic products in user form near bottom of page.

The only field required to create a pottery/utensil exposure record is displayed with a red asterisk [*] and is Cosmetic. If “Other Cosmetic Type” is chosen, a description must be supplied in the “Other Cosmetic” text box.

Input the corresponding data in the required and other fields corresponding for the new cosmetic product and click the “Save” button in the (burgundy) bottom left corner menu to save record.

New
Help
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Food/Drink items

To input details relating to the patient’s exposures to lead sources during the use of certain food or drink items, utilize the “Food/Drink items” menu item of the “Clinical” tab.

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#	Food/Drink Item	Last Used	Delete
<div> <div>Food/Drink Item</div> <div>Sample Collected?</div> </div> <div> <div>Description (Including Brand Name)</div> <div>Test Kit Results</div> </div> <div> <div>Was Food/Drink item made in the US?</div> <div>If no, where?</div> <div>Was this food/drink item bought in the US?</div> <div>If yes, where?</div> </div> <div> <div>Was food/drink item given to case?</div> <div>List other household members given the Food/Drink:</div> <div> <div>Name</div> <div>Pregnant</div> </div> <div>Select</div> </div> <div> <div>Date last given to Case?</div> <div>How many times in last year?</div> <div>Total amount/day</div> <div>How much was given to case?</div> <div>Duration</div> <div>How Often</div> </div>			

New
Help
Save
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The “Food/Drink items” exposure page allows the user to input details related to the food or drink products utilized by the patient’s family and their possible relation to lead exposure.

Input data related to the family’s use of possible lead containing food or drink products in user form near bottom of page.

The only field required to create a pottery/utensil exposure record is displayed with a red asterisk [*] and is Food/Drink Item.

Input the corresponding data in the required and other fields corresponding for the new cosmetic product and click the “Save” button in the (burgundy) bottom left corner menu to save record.

New
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Other Sources

To input details relating to the patient’s exposures to lead sources not currently classified within the system, utilize the “Other Sources” menu item of the “Clinical” tab

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Other potential sources investigated?

*

☐ Retained Bullet Since When?

#	Other Potential Sources Investigated	Test Kit result	Delete
Other potential sources investigated(lead shot, prenatal exposure, miniblinds, etc.) <input type="text"/>			
Description <input type="text"/>			
Duration of use / exposure	Test Kit result	Sample Collected?	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

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The “Other Sources” exposure page allows the user to input details related to lead sources not currently classified within the system and their possible relation to lead exposure. To activate the fields related to “other source” exposures select “Yes” from the list of choices in the “Other potential sources investigated?” list box.

Other potential sources investigated?

Yes ▼ *

Input data related to the family’s use of possible lead containing substances in user form near bottom of page.

The only field required to create a pottery/utensil exposure record is displayed with a red asterisk [*] and is Other potential sources investigated.

Input the corresponding data in the required and other fields corresponding for the new possible lead source and click the “Save” button in the (burgundy) bottom left corner menu to save record.

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Other potential sources investigated?

Yes ▼ *

☐ Retained Bullet Since When?

#	Other Potential Sources Investigated	Test Kit result	Delete
1	Lead fishing sinker		Delete

Other potential sources investigated(lead shot, prenatal exposure, miniblinds, etc.)

Description

Duration of use / exposure

Test Kit result

Sample Collected?

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Clinical Letters

The “Clinical Letters” page allows the user to view and edit selected letter templates for patient communications. The page contains a tabular listing of the letter templates available within the system for automatic generation.

Clinical letters can be downloaded and edited by clicking the ‘Select’ hyperlink corresponding to the row of the desired letter in the letter listing table.

Letter Name	Case Availability	Description
<i>Blood Test Due</i>	Yes	Sent as a reminder of approaching recommended blood lead re-testing date.
<i>Blood Test Overdue</i>	Yes	Sent as a reminder of overdue blood lead re-test.
<i>Case Follow-Up</i>	Yes	Sent to inform patient/guardian(s) of initial case, follow-up testing levels and next recommended blood lead testing date.
<i>New High Exposure</i>	Yes	Sent to inform patient/guardian(s) of newly processed case-level blood lead result and next recommended blood lead testing date.
<i>No Results</i>	Yes	Sent to inform patient/guardian(s) of newly processed blood lead test without result level and next recommended blood lead testing date

<i>Confirmatory Test Needed</i>	Yes	Sent to inform patient/guardian(s) of the need to confirm previously received blood lead result with a new test and the recommended blood lead testing date.
<i>Low Dose Exposure</i>	No	Sent to inform patient/guardian(s) of a newly processed 'low' blood lead testing result and the recommended next blood lead testing date.
<i>Negative Results</i>	No	Sent to inform patient/guardian(s) of a newly processed 'negative' blood lead testing result and the recommended next blood lead testing date.

The letter template will be populated with data related to the selected patient and made available for download for the user.

Click the 'Open' button to open the document for immediate editing. Click the 'Save' button, to save the document to local file storage for later use.

New High Exposure Letter

4/4/20144/4/20144/4/2014

To the parent or guardian of

Bartholomew Simpsons

321 E 12th ST

Des Moines IA 50319

Your Child was tested for lead poisoning on 4/1/2013. The result of this test was a level of 32.00. This means that your child may have LEAD POISONING, a serious illness which can cause behavior and learning problems. Another blood lead test should be performed on or before 4/29/2013 to make sure the blood lead level has not gotten any higher. Make an appointment with your child's doctor as soon as possible so that your child may be evaluated for lead poisoning. Show this letter to your child's doctor as a record of the test level.

Sincerely yours,

State CLPPP

Associated Persons

To view and details relating to a patient's relationship to other persons and groups listed within the system utilize the "Associated Persons" menu item of the "Clinical" tab. Previously entered family members and guardians should be present within the listing

The screenshot shows the HHL PSS (Healthy Homes and Lead Poisoning Surveillance System) interface. At the top, the patient's name is (SIMPSON, BARTHOLOMEW) with DOB: 4/1/2012 and ID#: 963040. The 'Clinical' tab is selected. The left sidebar contains a menu with 'Associated Persons' highlighted. The main area displays a table of related persons:

Related Person	Relationship	Primary Person
x Dustin Simpson (1/19/1995)	is Grandfather Maternal of	Bartholomew Simpson
1		

At the bottom, there are buttons for 'Add Relationship', 'Add Relationship (ID Known)', and 'Manage Group/Cluster Membership'. Below these is a 'Choose Person as' dropdown menu currently showing 'of Bartholomew Simpson'.

To associate a patient with another patient record within the system, click the "Add Relationship" button near the bottom of the "Associated Person" screen.

A close-up of the 'Add Relationship' button, which is highlighted with a red rectangle. Other buttons visible are 'Add Relationship (ID Known)' and 'Manage Group/Cluster Membership'.

This will activate the "Choose Related Person" controls within the page.

Select the relationship of the person to the patient from the selection list and click the "Choose Person as" button.

A close-up of the 'Choose Person as' dropdown menu, highlighted with a red rectangle. The dropdown is set to 'Cousin' and shows 'of Abe Simpson'.

This will activate the "Find Patient" screen.

Find Patient

State ID	Stellar ID	Last Name	First Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN	Medicaid ID	DOB	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address			
<input type="text"/>			
For best results, enter <i>just</i> the street number or <i>just</i> the street name.			
City	Zip		
<input type="text"/>	<input type="text"/>		
Phone			
<input type="text"/>			
Advanced Search		Clear	

Input search criteria to match the patient you wish to associate with the current patient.

Select the related patient in the search results list (if the desired relation is not within the list, they are not currently in the system as a patient).

The patient will be associated with the current patient.

Group Membership

To manage and associate groups of patient records, utilize the “Group Membership” menu item in the “Associated Persons” sub menu in the “Clinical” tab.

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(SIMPSON, BARTHOLOMEW) DOB: 4/1/2012 ID#: 963040

Person Groups

Group List Filter Criteria

Group Type Group Name

Status Jurisdiction

[Find All Groups](#) [Find Groups for Current Patient](#) [View/Edit Members](#)

No Records Found

Identifier	Name	Type	Status
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Existence From	Existence Thru	Description	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	

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Patients can be added or removed from person groups in the “Group Membership” screen.

First, search for or create a new group utilizing the “Group List Filter Criteria” controls near the top of the form (group search) and the user form near the bottom of the form (group creation).

Group List Filter Criteria

Group Type: Group Name:

Status: All Jurisdiction: Childhood Lead Poisoning Prevention Branch

To search for a group, select a Jurisdiction for the group and click the “Find All Groups” button. This will list all of the groups created within the selected jurisdiction in the group selection list

Select	Group Name	Group Type	Status	
455826	Neighborhood Test	Other	Active	X

Select a group by clicking the identifier number link in the “Select” column of the group listing. To view or edit the members of the group click the “View/Edit Members” button under the “Group List Filter Criteria” area near the top of the form.

This will activate the Group Membership Popup.

Group Membership -- Webpage Dialog

Members of 'Neighborhood Test' Group

Delete	Group Member	Set as Primary	Set As Related
<input type="checkbox"/>	Gordon, Benjamin (ID: 1843337) DOB: 10/12/2006	<input type="button" value="Set"/>	<input type="button" value="Set"/>

Create Relationship

is of

http://localhost/RII.Web/EntityMaint/PersonGroupMembersPopup.aspx?groupid=455826&groi Local intranet

To add the current patient to the group, click the “Add Current Patient” button.

To add a different patient to the group, click the “Find Another Patient” button, this will activate the find patient popup and allow you to search for another patient to add to the group.

If you happen to know the identifier number of the patient you wish to add to the group, input it into the text box next to the “Add Patient with the ID” button and click the button.

Household Members

To add additional detail to patient family member records, utilize the “Household Members” menu item in the “Associated Persons” sub menu in the “Clinical” tab.

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Add Household Members to: 321 E 12th ST, Des Moines, IA 50319

Last Name	First Name	Birth Date	Relationship	Delete	Choose
<div> <div>Last Name</div> <div>First Name</div> <div>Middle Name</div> <div>HHL PSS ID</div> </div> <div> <div>Maiden Name</div> <div>DOB</div> <div>Age</div> <div>Sex</div> <div>Twin</div> <div>Local ID</div> </div> <div> <div>Relationship to Case</div> <div>Primary Guardian</div> </div> <div> <div>Occupation</div> <div>Most Recent Test Results</div> <div> <div>Date Tested</div> <div>Result</div> </div> </div> <div> <div>Pregnant</div> <div>Breast Feeding</div> </div>					

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To add additional details to patient family member records, click the “Choose” button near the top of the page to select a family member.

This will activate the “Select Household Member” popup. You can select family members to edit by clicking the corresponding checkboxes next to their name in the popup list. Click “OK” to close the window.

Candidate Household Members -- Webpage Dialog

Select Household Member

Name	DOB	Relationship	Select
Maggie Simpson	4/10/2005		<input type="checkbox"/>
Bart J Simpson	6/11/2000	Grandfather Paternal	<input type="checkbox"/>
Lisa Simpson	4/20/2005		<input type="checkbox"/>
Benjamin Gordon	10/12/2006	Cousin	<input type="checkbox"/>
1			

http://localhost/RII.Web/ClinicalCase/ChooseHouseholdMemberPopup.aspx?person: Local Intranet

After the selection has been completed, you can add additional details for any family member by clicking the “Select” link next to their name in the household member listing and editing their details in the user form near the bottom of the page.

Last Name	First Name	Middle Name	State ID
Simpson	Bart	J	1843238
Maiden Name	DOB	Age	Sex
	6/11/2000	9 yrs 7 mo	<input type="text"/>
Relationship to Case		Primary Guardian	
Grandfather Paternal		<input type="checkbox"/>	
Occupation	Most Recent Test Results		
	Date Tested	Result	
	8/3/2009	14 µg/dL	
<input type="checkbox"/> Pregnant <input type="checkbox"/> Breast Feeding			

Other Tests

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Select	Tiered Date	Result	Test Type	Patient Address at the time of draw	Delete
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div> Test Type <div style="background-color: yellow; border: 1px solid black; padding: 2px;">Ep Ext</div> </div> <div> Result <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div> <div> Lab Smpl # <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div> <div> Detection <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div> <div> <input type="checkbox"/> Lab data incomplete <input type="checkbox"/> Electronically Reported <input type="checkbox"/> Reported By Lab </div> </div>					
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div> Sample Type <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div> <div> Sample Description <div style="border: 1px solid black; width: 600px; height: 20px;"></div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div> Date Drawn <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div> <div> Date received at lab <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div> <div> Date Analyzed <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div> <div> Date received at LHD <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div> <div> Tiered Date (Calculated) <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div> <div> Age at draw (Calculated) <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div> Patient Address (at time of draw) <div style="border: 1px solid black; width: 500px; height: 20px;"></div> </div> <div> Age reported by lab <div style="border: 1px solid black; width: 50px; height: 20px;"></div> Yrs. <div style="border: 1px solid black; width: 50px; height: 20px;"></div> Mos. </div> <div> Adult? <input type="checkbox"/> </div> </div>					
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div> Institution <div style="border: 1px solid black; width: 250px; height: 20px;"></div> </div> <div> Choose <div style="background-color: #0056b3; color: white; padding: 2px 5px;">Choose</div> </div> <div> Delete <div style="background-color: #0056b3; color: white; padding: 2px 5px;">Delete</div> </div> </div>					
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div> Physician <div style="border: 1px solid black; width: 250px; height: 20px;"></div> </div> <div> Choose <div style="background-color: #0056b3; color: white; padding: 2px 5px;">Choose</div> </div> <div> Delete <div style="background-color: #0056b3; color: white; padding: 2px 5px;">Delete</div> </div> </div>					
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div> Analyzing Laboratory <div style="border: 1px solid black; width: 250px; height: 20px;"></div> </div> <div> Choose <div style="background-color: #0056b3; color: white; padding: 2px 5px;">Choose</div> </div> <div> Delete <div style="background-color: #0056b3; color: white; padding: 2px 5px;">Delete</div> </div> </div>					
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div> Referring Laboratory <div style="border: 1px solid black; width: 250px; height: 20px;"></div> </div> <div> Choose <div style="background-color: #0056b3; color: white; padding: 2px 5px;">Choose</div> </div> <div> Delete <div style="background-color: #0056b3; color: white; padding: 2px 5px;">Delete</div> </div> </div>					
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div> Date Entered <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div> <div> Entered <div style="border: 1px solid black; width: 100px; height: 20px;"></div> </div> <div> Comment <div style="border: 1px solid black; width: 400px; height: 20px;"></div> </div> </div>					

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The Patient Other Blood Test History Screen will be utilized to view and input details related to the selected patient's lab testing history (non-blood lead tests).

The earliest test available will be selected in the test list and active within the user form below the test list.

Other Blood Test User Form Field Listing

Field Name	Meaning
Test Type – non blood lead tests	Type of laboratory test (i.e. EP Ext)
Result	Result value of test
Lab Sample Number	Sample number assigned by laboratory
Detection	Results value comparator (=, >, <)
Lab data incomplete	Indicates whether the blood lead test is missing data
Electronically Reported by Lab	Indicates whether the record was electronically reported
Sample Type	Sample the type reported by lab (i.e. venous, capillary, or unknown)
Sample Description	Free text a description of blood tests in the
Date Drawn	Date sample was drawn from patient
Date received at lab	Date laboratory received sample from provider
Date received at the local health departments (LHD)	Date blood lead test record was received by State or Local health department
Tiered Date (System Calculated)	Date utilized to calculate date ranges base upon dates associated with address (set to Date Drawn if available)
Age at draw (System Calculated)	Age of patient at date drawn
Patient address	Choose the address of the patient associated with blood test.
Adult indicator	Indicates whether the patient should be considered an adult
Institution	Institution where sample was provided (hospital or clinic)
Physician	Provider who drew or recommended blood lead test
Analyzing laboratory	The laboratory which analyzed the sample.
Referring laboratory	The laboratory which referred the sample to analyzing lab.(if necessary)
Comment	Free text comments
Date created	The date blood test record was created (system generated)
Created by	User who created blood test record (system generated)
Date modified	Date blood test record was modified (system generated)
Modified by	User who modified blood test record (system generated).

The user can select any blood test within the listing of tests for the patient by clicking the test identifier number link in the “Select” column of the blood test list.

If you wish to delete any test within the listing, click the “Delete” link in the “Delete” column of the blood test list. (Case making blood tests cannot be deleted)

Directions to add or edit new records are identical to blood lead test history screens.

Other Medical

The “Other Medical” page is utilized to capture patient health insurance and blood test funding information. For patients with clinical cases, the system will allow for the collection of initial test funding information. Programs can track Medicaid enrollment and eligibility dates for patient, as well tracking the Medicaid managed care plan or private insurance provider for the applicable patient.

In addition, users can also track current WIC status and service referral date in the “Other Medical” page.

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How was the initial blood test paid for?

Other

Why was the initial blood test done?

Other

Health Insurance Information

Is case enrolled in Medicaid?

Eligibility Date

Medicaid Managed Care?

Which Plan?

Is case covered by a private health plan or HMO (not Medicaid)?

If Yes, Specify (e.g. Kaiser, Humana)

Is case on WIC?

If no/Unknown, was referral made?

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To add or update any of the information related to the “Other Medical” page. Make the appropriate selection in the relevant dropdown control () and if necessary, add the associated text to the corresponding textbox. After all selections are complete, click the “Save” button in the lower left hand Action menu of the HHPSS page.

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Chelating Agent(s)	Hospitalized	Start Date	End Date	Delete
Chelating Agent(s) * Check at least one or enter text in Other field <div> <input checked="" type="checkbox"/> CaNa2EDTA <input type="checkbox"/> BAL <input type="checkbox"/> Don't Know </div> <div> <input type="checkbox"/> Penicillamine <input type="checkbox"/> Succimer (Chemet) <input type="checkbox"/> None - Chelation Challenge Test Only </div> Other: <input type="text"/>				
Chelation Start Date	Chelation End Date	Did case ever receive a chelation challenge test?		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Was case hospitalized for Chelation? <input type="text"/>				
Institution		Choose	Delete	
<input type="text"/>				
Physician		Choose	Delete	
<input type="text"/>				

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The “Chelation” page allows the user to input details related to the chelation treatments of lead poisoned patients with cases.

Chelating Agent(s) * Check at least one or enter text in Other field

<input type="checkbox"/> CaNa2EDTA	<input type="checkbox"/> BAL	<input type="checkbox"/> Don't Know
<input type="checkbox"/> Penicillamine	<input type="checkbox"/> Succimer (Chemet)	<input type="checkbox"/> None - Chelation Challenge Test Only

Other:

Select a chelating agent by checking one of the boxes next to the agent utilized for treatment or indicate the agent name in the Other text box if it does not exist in the list.

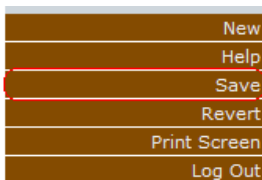
Chelation Start Date <input type="text"/>	Chelation End Date <input type="text"/>	Did case ever receive a chelation challenge test? <input type="text" value="v"/>
--	--	---

Was case hospitalized for Chelation?

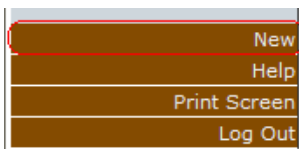
Institution

Physician

Input the remainder of the details of the treatment in the provider user form. To save, click the "Save" button in the (burgundy) bottom left corner menu to save the record.



To add additional treatments, click the "New" button in the (burgundy) bottom left corner menu to prepare the form for record creation.



Patient Notes

The “Patient Notes” page allows the user to create custom free text notes which are associated with the patient record.

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Date Subject Author Title Details

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Existing patient notes will be listed within the Notes listing. To view or edit the details, click the “Detail” link in the “Details” column of the Notes Listing.

To add a new note to the note listing, click the “New” button in the (burgundy) bottom left corner menu to prepare the form for note creation.

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Notes

*

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*

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*

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The minimum fields required to create a patient record are display with a red asterisk [*] and are Date, Subject, Author, and the actual contents of the note.

Input the corresponding data in the required and other fields corresponding to the new patient note and click the "Save" button in the (burgundy) bottom left corner menu to save the new patient note. After note creation, the note is added to the listing.

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Patient Attachments

The “Patient Attachment” page allows the user to upload, download or view electronic files associated with the patient record.

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File Name	Description	File Type	Date Uploaded	Owner	View
20100303jewelry.jpg	Item found in home	image/jpeg	4-07-2011	qharris	View
Trimball Kimball testDueLetter472011.docx	First Patient Letter	application/vnd.openxmlformats-officedocument.word	4-07-2011	qharris	View
appendix b label.pdf	Test file	application/pdf	4-07-2011	qharris	View

[Add New File](#)

Help
Print Screen
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Existing patient file attachments will be listed within the Patient Attachments listing.

To download a file for viewing, click the “File Name” hyperlink in the “File Name” column of the Patient Attachments listing.

In cases where the file type is compatible, the file may be viewable within a browser window and the “View” hyperlink will be active within the “View” column of the Patient Attachments listing. Click the “View” hyperlink to launch a new browser window in which to view the electronic file.

To upload a new file attachment, click the “Add New File” button below the Patient Attachments listing.

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Upload Patient Attachment

Make sure your file is under 2048 KB

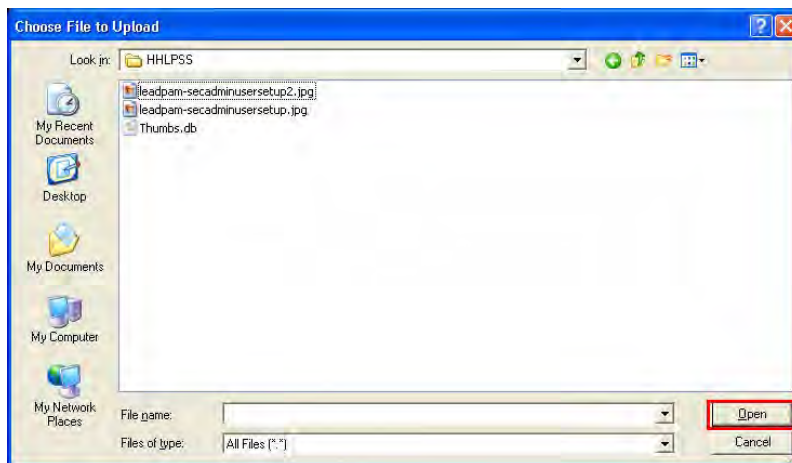
File Description:

File Type:

Help
Print Screen
Log Out

A 'File Description' and selected file for upload is required to attach a file to the patient record.

Input the file description information and select a file for upload by clicking the "Browse" button.



Select a file and click the "Open" button in the choose file dialog box to prepare the file for upload. **Files must be less than two (2) megabytes (MB – 2048 kilobytes [kb]) in size for proper attachment to patient record.** Click the "Upload File" button once the file has been selected to add it to the Patient Attachment listing.

Environmental Investigations - Environmental Module

The Environmental module has been designed for viewing, editing or creating new patient address records as well as details related to environmental investigations.

Edit or Add New Address

To view the details of a current address or to create a new address record within the system login to HHPSS and select the Environmental Tab.

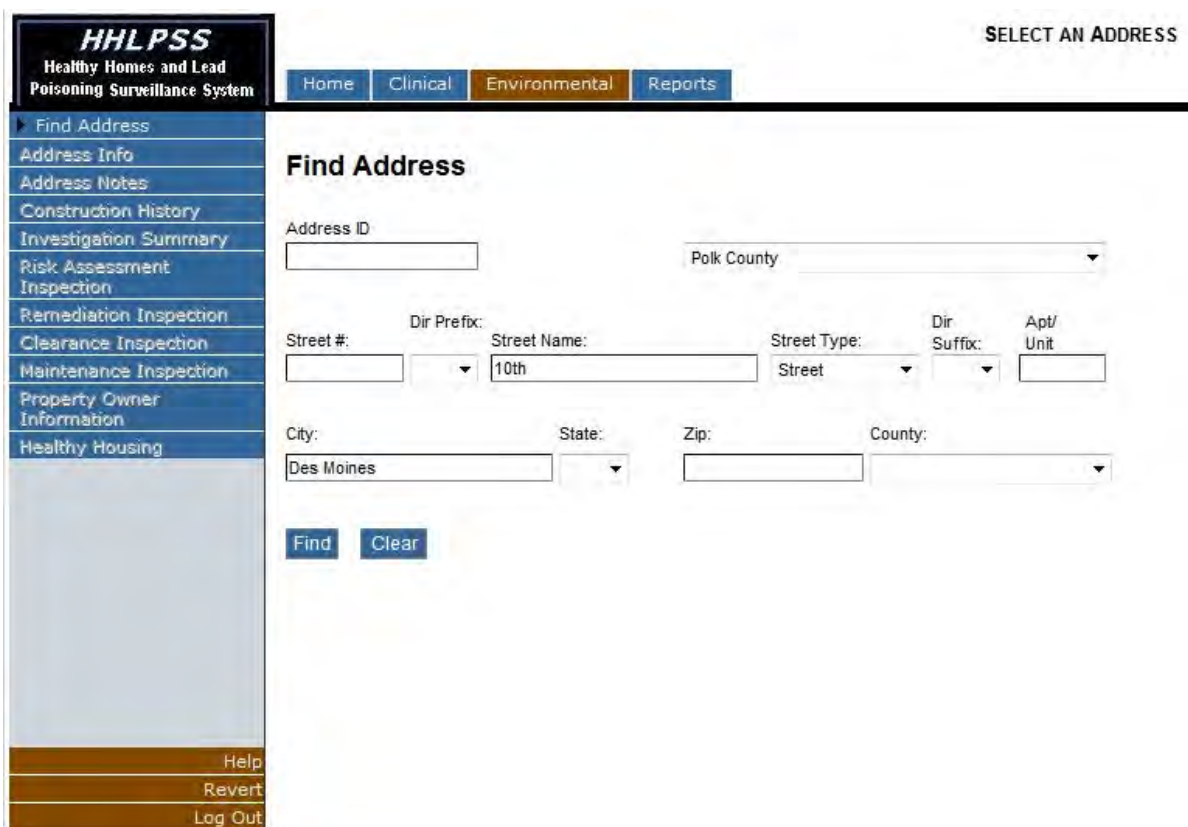


The screenshot shows the HHPSS (Healthy Homes and Lead Poisoning Surveillance System) login page. The header includes the HHPSS logo and the text 'Healthy Homes and Lead Poisoning Surveillance System'. Below the header is a navigation bar with four tabs: 'Home', 'Clinical', 'Environmental' (which is highlighted in orange), and 'Reports'. To the right of the navigation bar is a button labeled 'SELECT AN ADDRESS'.

This will direct the browser to the “Find Address” screen.

To prevent address duplication, prior to adding new data to HHPSS you should perform a search for the address prior to receiving the option to create a new record.

Find Address



The screenshot shows the 'Find Address' screen within the HHPSS system. The header is identical to the previous screenshot, with the 'Environmental' tab selected. On the left side, there is a vertical menu with various options: 'Find Address' (highlighted in blue), 'Address Info', 'Address Notes', 'Construction History', 'Investigation Summary', 'Risk Assessment Inspection', 'Remediation Inspection', 'Clearance Inspection', 'Maintenance Inspection', 'Property Owner Information', and 'Healthy Housing'. Below the menu are three buttons: 'Help', 'Revert', and 'Log Out'. The main content area is titled 'Find Address' and contains several search fields: 'Address ID' (text input), 'Polk County' (dropdown menu), 'Street #' (text input), 'Dir Prefix' (dropdown menu), 'Street Name' (text input, containing '10th'), 'Street Type' (dropdown menu, containing 'Street'), 'Dir Suffix' (dropdown menu), 'Apt/Unit' (text input), 'City' (text input, containing 'Des Moines'), 'State' (dropdown menu), 'Zip' (text input), and 'County' (dropdown menu). At the bottom of the search fields are two buttons: 'Find' and 'Clear'.

Perform a search on the first letter of the street and city names of the address you wish to create or find and click the “Find” button.

Address Search Results

HHL PSS
Healthy Homes and Lead
Poisoning Surveillance System

- Find Address
- Address Info
- Address Notes
- Construction History
- Investigation Summary
- Risk Assessment
- Inspection
- Remediation Inspection
- Clearance Inspection
- Maintenance Inspection
- Property Owner Information
- Healthy Housing

Help
Print Screen
Log Out

SELECT AN ADDRESS

Home Clinical Environmental Reports

Address Search Results

Address	Investigation Status	Address ID	Jurisdiction
397 SW 10th ST Des Moines IA 50315	New	399917	Polk County
439 10th ST Des Moines IA 50314	New	399312	Polk County
325 10th ST Des Moines IA 50314	New	398944	Polk County
717 10th ST Des Moines IA 50314	New	398904	Polk County
255 NE 10th ST Des Moines IA 50314	New	398477	Polk County
326 10th ST Des Moines IA 50314	New	398350	Polk County
443 10th ST SE Des Moines IA 50314	New	398278	Polk County
247 10th ST SE Des Moines IA 50314	Closed	397896	Polk County
247 10th ST SE Des Moines IA 50314	Closed	397888	Polk County
430 10th ST Des Moines IA 50314	Open	397881	Polk County

... 6 7 8 9 10 11 12 13 14 15

Revise Search
Add New Address


If the address which you wish to create or edit is listed within search results, click the Address in the “Address” column to open the “Patient Address Details” screen

Address Search Results

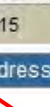
Address	Investigation Status	Address ID	Jurisdiction
397 SW 10th ST Des Moines IA 50315	New	399917	Polk County
439 10th ST Des Moines IA 50314	New	399312	Polk County
325 10th ST Des Moines IA 50314	New	398944	Polk County
717 10th ST Des Moines IA 50314	New	398904	Polk County
255 NE 10th ST Des Moines IA 50314	New	398477	Polk County
326 10th ST Des Moines IA 50314	New	398350	Polk County
443 10th ST SE Des Moines IA 50314	New	398278	Polk County
247 10th ST SE Des Moines IA 50314	Closed	397896	Polk County
247 10th ST SE Des Moines IA 50314	Closed	397888	Polk County
430 10th ST Des Moines IA 50314	Open	397881	Polk County

... 6 7 8 9 10 11 12 13 14 15

Revise Search
Add New Address



Click to open Address
Details Page



Click to open or view
investigation details

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Find Address
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 Healthy Housing

Edit Address [Back to Search results](#)

Address ID: 397881

Line 1 **1430 10th ST**

Apt/Ste #

Line 2

Census Tract

City **Des moines**

State **IA**

Zip **50314**

County **Polk**

Census Block

Parcel Number

District

Dwelling Type

No of Units

High Risk Structure? ☐

Ownership Type

Phone

Year Built

Investigation Status [Open](#)

Comments
 STELLAR id: 244

Validate Address

[Help](#)
[Print Screen](#)
[Log Out](#)

The Patient Address History Screen will be utilized to view and input details related to the selected patient's current and former addresses.

Address Details Form Field Listing

Field Name	Meaning
Line 1	Street Address
Line 2	Street Address Line 2
Apt/Ste #	Apartment or Suite Number
City	City
State	State
Zip	Zip Code
County	County
Investigation Status	Status of environmental investigation (open, closed, or new button to create investigation record)
Census Tract Number	Address census tract
Parcel Number	Local parcel number of address
District	Address district
High Risk structure indicator	Was the dwelling built prior to 1978
Dwelling Type	Selected dwelling type (Single, multi-family, etc.)

Field Name	Meaning
Number of Units	If multi-unit dwelling, number of units within dwelling
Phone	Contact phone number for owner of address
Ownership Type	Ownership type of residence (Owner occupied, rental, etc.).
Year Built	Approximate construction date of structure
Notes about the Address	Free text description of address record

The user can edit the address details within the fields indicated in the user form. If the selected State is change the page may reload to populate the county list control.

To begin saving changes to the address record, click the “Validate Address” button beneath address details form. Address validation attempts the correction of any missing or incorrect address details and the addition of geocoding data (census block, census tract, latitude and longitude).

Validate Address

Once the address validation has been attempted, click the “Save Address” button will be presented to finalize the address save operation.

Save Address

De-duplicate Address Popup

The de-duplicate address popup allows for selection or rejection of possibly matched address records. To select an existing record as a match to the newly entered record, select the address id corresponding to the matched address. If you wish to reject all possible matches and create a new address record, enter a rejection reason in the ‘Reject reason’ field and click the ‘Reject’ button.

Construction History

To view or update data related to the addresses construction history, login to HHLPSS, select the Environmental Tab, and click the “Construction History” menu item of the Environmental Tab menu.

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Home Clinical **Environmental** Reports

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► **Construction History**
Investigation Summary
Risk Assessment
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Maintenance Inspection
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Clinical Case Construction History

Estimated Year Built [dropdown] ☐ Pre 1978?

Remodeling, painting or renovation within the past year [dropdown]

Where was most of the remodeling done [dropdown]

Who did the Remodeling? ☐ Licensed Contractor ☐ Other ☐ Property Owner
☐ Self Or Family ☐ Unknown Specify: [text input]

Description of the Remodeling [text area]

Environmental Investigation Construction History

Estimated Year Built [dropdown] ☐ Pre 1978?

Remodeling, painting or renovation within the past year [dropdown]

Where was most of the remodeling done [dropdown]

Who did the Remodeling? ☐ Licensed Contractor ☐ Other ☐ Property Owner
☐ Self Or Family ☐ Unknown Specify: [text input]

Description of the Remodeling [text area]

Help
Save
Revert
Print Screen
Log Out

The “Construction History” page allows for the management of construction history data for an address as collected during clinical case management and environmental investigations.

If you are entering construction details as a result of data gathered for case management, input the details in the “Clinical Case Construction History” area (top half of form).

If you are entering construction details as a result of data gathered during an environmental investigation, input the details in the “Environmental Investigation Construction History” area (bottom half of form).

Address Notes

The “Address Notes” page allows the user to create custom free text notes which are associated with the address record.

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Address Note List
1430 10th Street

Date	Subject	Author	Role	Details
9/5/2002	certified followup letter sent to owner	Migration		Detail

New
Revert
Print Screen
Log Out

Existing address notes will be listed within the Notes listing. To view or edit the details, click the “Detail” link in the “Details” column of the Notes Listing.

To add a new note to the note listing, click the “New” button in the (burgundy) bottom left corner menu to prepare the form for note creation.

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Edit HHPSS Note

1430 10th Street

Date
04/08/2014

Subject

Author
kofficer

Role

Save

[Back to Note Listing](#)

Help
 Print Screen
 Log Out

The minimum fields required to create a patient record are display with a red asterisk [*] and are Date, Subject, Author, and the actual contents of the note.

Input the corresponding data in the required and other fields corresponding to the new patient note and click the “Save” button below the note text box to save the new address note. After note creation, the note is added to the listing.

To cancel note entry and return to the address note listing, click the ‘Back to Note Listing’ button.

View Environmental Investigation Details

To view the details of an environmental investigation for an address, login to HHLPPSS, select the Environmental Tab, and click the “Investigation Summary” menu item of the Environmental Tab menu.

Investigation Summary

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[Healthy Housing](#)

Investigation Summary

Investigation Id	Status	Investigator	Date Opened	Date Closed	Delete	Edit
7412	Open	Gergely,	7/15/1992		X	Edit

Associated Patient Listing

Test Id/Case Id	Specimen Source	Test Result	Date Collected	Patient Name	Date of Birth	Address Type	Guardian Number	Phone	Lived From	Lived Thru
830836	Venous	12	7/21/1993		9/14/1992	Primary Home			7/21/1993	

Investigation Detail

Investigator

Status

Funding Source

Date Opened

Investigation Reason

Comments

Investigation Outcome

Date Closed

Closure Reason

Remediation Completed

☐ Interior ☐ Exterior ☐ Soil ☐ Water

Sources of Exposure Identified

No Hazard Identified

Lead Paint Found ☒ Yes ☐ No ☐ Unknown

Lead Source Other Than Paint Found

Alternate Location Identified

Lead Paint Hazard Location

Occupational Exposure ☒ Yes ☐ No ☐ Unknown

Add Investigation

Event Detail

Event Type

Date Referred

Date Completed

Responsible Party

Letter Type

Date Due

Result

Comment

Add Event

The “Investigation Summary” page allows for the viewing and editing of investigation details for the currently selected address.

Select an “Investigator” to assign an environmental investigator to manage the investigation. Select a “Date Opened” to indicate the date the investigation was opened and a investigation “Status” and “Investigation Reason.” Click the “Add Investigation” button to finalize the creation of the investigation.

Investigation Summary

Investigation Listing

Investigation Id ▲	Status	Investigator	Date Opened	Date Closed	Delete	Edit
7412	Open	Gergely,	7/15/1992		X	Edit

Associated Patient Listing

Test Id ▲	Specimen Source	Test Result	Date Collected	Patient Name	Date of Birth	Address Type	Phone Guardian Number	Lived From	Lived Thru
830836	Venous	13	7/21/1993		9/14/1992	Primary Home		7/21/1993	

Investigation Id: 7412

Investigation Detail

Investigation Detail

Investigator: *Gergely, ▼

Status: Open ▼

Funding Source: ▼

Date Opened: 07/15/1992

Investigation Reason: Meets Standard Investigation ▼

Comments: Migration (Non-Lead Hazard Cmt) : ▼

Investigation Outcome

Date Closed:

Closure Reason: ▼

Remediation Completed: ☐ Interior ☐ Exterior ☐ Soil ☐ Water

Sources of Exposure Identified

No Hazard Identified: ☐

Lead Paint Found: ☒ Yes ☐ No ☐ Unknown

Lead Source Other Than Paint Found: ▼

Alternate Location Identified: ☐

Lead Paint Hazard Location: Both ▼

Occupational Exposure: ☐ Yes ☐ No ☐ Unknown

[Save](#) [Cancel](#)

As the investigation progresses, additional details can be entered until closure.

To close an investigation, enter a “Date Closed” in the corresponding text box and select a “Closure Reason” from the list of possible choices.

Click “Save Investigation” to finalize investigation closure.

Many pages related to Environmental Investigations within the system collect data related to environmental samples and investigation events. These areas will behave similarly across all pages.

Risk Assessment

The “Risk Assessment” Inspection page is utilized to capture the details of the risk assessment phase of the environmental investigation.

To view the details of a Risk Assessment click the “Investigation ID” in the Investigation Listing near the top of the page.

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Risk Assessment Inspection
Investigation Listing

Investigation Id	Status	Investigator	Date Opened	Date Closed
7412	Open	Oelberg/crail	4/08/2014	

Print Screen

Log Out

This will enable the page and grant access to the Risk Assessment Inspection Listing. To view the details or samples related to a risk assessment, click its "Inspection ID" in the Risk Assessment Inspection Listing.

View the dates associated with the inspection and the samples collected in the form below the inspection listing.

To add a new Risk Assessment input the "Start Date" and click the "Add Risk Assessment Inspection" button.

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Risk Assessment Inspection
Investigation Listing
Investigation Id ▲ Status Investigator Date Opened Date Closed
7412 Open Oelberg/craill, 4/08/2014
Investigation Id: 7412
Risk Assessment Inspection Listing
Inspection Id ▲ Start Date Completion Date Hazard Identified Delete Edit
7604 4/01/2014 4/01/2014 ☒ X Edit
Risk Assessment Inspection Detail
Start Date Completion Date
[Add Risk Assessment Inspection](#)
Sample Listing
Sample Id Sample Type Date Collected Room Component Result Unit Hazard Identified Delete Edit
Sample Detail
Sample Type Hazard Identified ☐
Room/Site Room/Site Identifier
Component Component Condition
Testing Method Substrate
Result Unit
Laboratory Date Collected
Date Sent Date Received
Side Identifier
[Add Sample](#)

[Print Screen](#)
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Samples identified as hazardous during a risk assessment will create remediation activities corresponding to the Room and Component where the sample was collected to ensure hazard remediation.

Remediation Activities

The “Remediation Activities” page is utilized to track activities intended to remediate hazards identified during the Risk Assessment and the contractor or individual which performs these activities.

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Remediation Inspection
Investigation Listing

Investigation Id ▲	Status	Investigator	Date Opened	Date Closed
7412	Open	Oelberg/crail	4/08/2014	

Print Screen
Log Out

To view Remediation Activity details, click the “Investigation ID” in the Investigation Listing near the top of the page.

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HomeClinicalEnvironmentalReports

Remediation Inspection
Investigation Listing

Investigation Id ▲	Status	Investigator	Date Opened	Date Closed
7412	Open	Oelberg/crail	4/08/2014	

This will enable the page and grant access to the Remediation Activities Listing. To view the details or samples related to a remediation activity, click its “Inspection ID” in the Remediation Activities Listing.

Remediation Activities are created and linked to every Risk Assessment where hazards are identified.

Input data related to Remediation Inspection, contractor and remediation activity details and click the “Add Remediation Inspection” button to save activity inspection details.

Remediation Activities

Activity Listing

Activity Id	Sample Id	Sample Type	Date Completed	Room	Component	Remediation Method	Delete	Edit
-------------	-----------	-------------	----------------	------	-----------	--------------------	--------	------

Activity Detail

Sample Type	<input type="text"/>	Date Completed	<input type="text"/>
Room/Site	<input type="text"/>	Room/Site Identifier	<input type="text"/>
Component	<input type="text"/>	Remediation Method	<input type="text"/>

Add Activity

The remediation activities user form is utilized to record activities intended to remediate hazards identified during the risk assessment.

Input the details related to the remediation activity and click the “Add Activity” button to add it to the listing.

Clearance Inspection

The “Clearance” Inspection page is utilized to capture the details of the clearance inspection phase of the environmental investigation.

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Clearance Inspection
Investigation Listing

Investigation Id ▲	Status	Investigator	Date Opened	Date Closed
7412	Open	Oelberg/crail	4/08/2014	

Print Screen
Log Out

To view the details of a Clearance Inspection click the “Investigation ID” in the Investigation Listing near the top of the page.

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HomeClinicalEnvironmentalReports

Clearance Inspection
Investigation Listing

Investigation Id ▲	Status	Investigator	Date Opened	Date Closed
7412	Open	Oelberg/crail	4/08/2014	

This will enable the page and grant access to the Clearance Inspection Listing. To view the details or samples related to a clearance inspection, click its “Inspection ID” in the Clearance Inspection Listing.

All environmental samples collected during a clearance inspection should meet the standard to “pass clearance” before the address is considered as “passing clearance.”

Passing clearance should constitute the closure of the investigation.

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Home Clinical **Environmental** Reports

Find Address

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Remediation Inspection

Clearance Inspection

Maintenance Inspection

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Clearance Inspection

Investigation Listing

Investigation Id ▲	Status	Investigator	Date Opened	Date Closed
7412	Open	Oelberg/craib	4/08/2014	

Investigation Id: 7412

Clearance Inspection Listing

Inspection Id	Start Date	Completion Date	Passed Clearance	Delete	Edit
---------------	------------	-----------------	------------------	--------	------

Clearance Inspection Detail

Due Date

Testing complete ☐

Start Date

Completion Date

Add Clearance Inspection

Sample Listing

Sample Id	Sample Type	Date Collected	Room/Component	Result	Unit	Passed Clearance	Delete	Edit
-----------	-------------	----------------	----------------	--------	------	------------------	--------	------

Sample Detail

Sample Type

Room/Site

Component

Testing Method

Result

Laboratory

Date Sent

Site Identifier

Passed Clearance ☐

Room/Site Identifier

Component Condition

Substrate

Unit

Date Collected

Date Received

Add Sample

Print Screen

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Property Owner Information

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Property Owner Information
Investigation Listing

Investigation Id ▲	Status	Investigator	Date Opened	Date Closed
7412	Open	Oelberg/crail	4/08/2014	

Print Screen
Log Out

The “Property Owner Information” page is utilized to capture the details related to the owner of a property undergoing an environmental investigation.

To view the property owner details of an investigation, click the “Investigation ID” in the Investigation Listing near the top of the page.

This will enable the page and grant access to the Property Owner Information user form.

Input the details related to the property owner at the time of the investigation and click the “Add Property Owner” button to save the property owner information.

HHPSS Reports - Reports Module

From the Reports module user will be able to produce reports that provide program information on blood lead tests, inspection activity, and other activities related to the lead program.

Blood Test Reports

HHPSS
Healthy Homes and Lead
Poisoning Surveillance System

Home Clinical Environmental **Reports**

Clinical

- Blood Lead Test List
- Lead Program Activity
- Cases Eligible for Closure
- Positive Test With No Case
- List Cases By Provider
- List Cases By Case Manager
- Complete Child Report
- Blood Test Counts
- Duplicate Child Report
- Environmental

Blood Tests Report

Report Parameters

Blood Test Type: All Patient Type: Children

☒ Next PB Test

Next PB Test From Date: 01/01/2014 Next PB Test End Date: 03/31/2014

☐ Blood Sample Test

Blood Sample From Date: Blood Sample End Date:

Next PB Test Overdue Days: 30 Jurisdiction: STATE

Blood Sample Test Case Type: Open Report Type: Blood Test Counts

Report Export Format: HTML4.0

[View Report](#)

Help
Print Screen
Log Out

Lab Tests Lists

Criteria: Next PB Test Between 01/01/2014 and 03/31/2014

Date Report Generated: 05/19/2014 12:59:11 PM

Blood Test List					
Patient Name	Date of Birth	Last PB			
		Date	Sample Source	Result	Confirmatory?

Blood Test Counts					
Pb B Level	Venus	Capillary	Unknown	Total	Confirmatory
No Result	0	0	0	0	0
0-4	0	0	0	0	0
5-9	0	0	0	0	0
10-14	10	1	0	11	10
15-19	4	1	0	5	4
20-29	6	0	0	6	6
30-44	0	0	0	0	0
45-69	1	0	0	1	0
5-69	0	0	0	0	0
>=70	0	0	0	0	0
Total	21	2	0	23	20

Lead Program Activity Report

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Clinical
Blood Lead Test List
Lead Program Activity
Cases Eligible for Closure
Positive Test With No Case
List Cases By Provider
List Cases By Case Manager
Complete Child Report
Blood Test Counts
Duplicate Child Report
Environmental

Lead Program Activity Report

Report Parameters

Start Date End Date

Jurisdiction Report Export Format

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Lead Program Activity Report
Activity between 01/01/2014 and 01/31/2014
Jurisdiction: STATE
Date Report Generated: 05/19/2014 01:33:28 PM

Lab Test Results	
ELRs Completed	0
ELRs Held for Review	0
Manual Lab Test Results Entered	581
Total Number of Lab Test Results	581
Summary of Lab Test Results	
PB Level	
No Result	9
0-4	398
5-9	171
10-14	1
15-19	1
20-29	0
30-44	1
45-69	0
>=70	0
Total	581
Individual Cases	
Individual Cases Automatically Opened	0
Individual Cases Manually Opened	17
Total Number of Individual Cases Open	17
Environmental Investigations	
Environmental Investigations Automatically Opened	0
Environmental Investigations Manually Opened	2
Total Number of Individual Cases Opened	2

Cases Eligible for Closure

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Clinical
Blood Lead Test List
Lead Program Activity
Cases Eligible for Closure
Positive Test With No Case
List Cases By Provider
List Cases By Case Manager
Complete Child Report
Blood Test Counts
Duplicate Child Report
Environmental

Cases Eligible for Closure

Report Parameters

☒ Utilize System Default Case Closure Criteria

Select Jurisdiction:
STATE

Select Closure Criteria From System Defaults (Defined in Admin Setup)
Criteria 1: 36 to 72 Months

Select Case Manager:
*Officer, Kevin

Export Format:
HTML4.0

View Report

Help
Print Screen
Log Out

05/19/2014

Cases Eligible for Closing Report

10 PbB Level or Less

Query: None

Case Manager: Officer, Kevin
Name: [REDACTED] Laith Date of Birth: [REDACTED] 2008 HHL PSS ID: [REDACTED]
Address: 217 S Olive St, [REDACTED] Iowa
Guardian: [REDACTED] Jessica
Phone: Alternate Phone:

Recent Blood Test Results			
Sample Date	Type	PbB Result	Confirmatory?
9/30/2013	Capillary	6.00	False
5/5/2011	Capillary	10.00	False

Case Manager: Officer, Kevin
Name: [REDACTED] Zachary Date of Birth: [REDACTED] 2009 HHL PSS ID: [REDACTED]
Address: 810 Broad St, [REDACTED]
Guardian: [REDACTED], Brittany
Phone: Alternate Phone:

Recent Blood Test Results			
Sample Date	Type	PbB Result	Confirmatory?
9/24/2012	Venous	6.00	False
2/27/2012	Venous	7.00	False

Positive Test with No Associated Case

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Positive Test with No Associated Case

Report Parameters

☒ Utilize System EBLL Definitions
Select Jurisdiction: All Jurisdictions

Start Date: 04/01/2013
End Date: 06/30/2013

Select EBLL Level Definition
Child

Export Format: HTML4.0

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Non-case Children with PbB of 10 or greater

Tested between 4/1/2013 and 6/30/2013

Query Applied: None

Child	Date of Birth	Level	Type	Elevated PbB		Next PbB after Elevated PbB			
				Date	Conf. ?	Level	Type	Date	Conf. ?
Angel, Brandon	3/4/2009	12.00	BLDC	4/4/2013	N	None			
Arambula, Bryanna	11/29/2011	11.00	BLDC	4/11/2013	N	None			
Araujo, Kimberly	3/12/2012	12.00	BLDC	4/4/2013	N	None			
Armenta, Kelen	5/12/2011	12.00	BLDC	6/7/2013	N	None			
Asmus, Carlos	1/8/2008	10.00	BLDC	6/5/2013	N	None			
Castro Ramirez, Adriana	6/26/2009	10.00	BLDC	5/20/2013	N	None			
Dolash, Addyson	4/16/2012	10.00	BLDC	5/2/2013	N	None			
Espinoza, Alyssa	2/13/2009	10.00	BLDC	4/16/2013	N	None			
FLORESLERA, YAKELIN	6/16/2008	15.00	BLDC	4/4/2013	N	None			
Fonseca, Chelsy	4/26/2010	11.00	BLDC	4/4/2013	N	None			
Fonseca, Idaly	12/14/2009	12.00	BLDC	4/4/2013	N	None			
Garcia, Jovani	3/25/2011	10.00	BLDC	4/8/2013	N	None			
Gentry, Kristopher	8/4/2009	15.00	BLDC	4/2/2013	N	11.00	BLDV	6/7/2013	N
Gutierrez, Joselyn	7/29/2008	22.00	BLDC	4/25/2013	N	None			
Juarez, David	3/22/2009	13.00	BLDC	4/16/2013	N	None			
Leonard, Jaxon	5/20/2012	39.00	BLDC	5/16/2013	N	None			
Moore, Nevin	12/29/2011	10.30	BLDC	6/25/2013	N	None			
Morrison, Sebastian	5/24/2012	11.00	BLDC	6/19/2013	N	None			
Ramirez, Arisbeth	3/8/2012	15.00	BLDC	4/18/2013	N	None			
Ramirez, Brian	4/13/2010	10.00	BLDC	6/27/2013	N	None			
SANCHEZ, ITZEL	9/13/2011	11.00	BLDC	4/9/2013	N	None			
Sang, Van	5/23/2009	10.00	BLDC	5/28/2013	N	None			

List Cases By Case Manager

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Report Parameters
Select Jurisdiction: STATE
Select Case Manager: *Officer, Kevin
Select Case Status: Open
Export Format: HTML4.0
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Case Children, Sorted By Case Manager

Includes Open case status

Query Applied: None

Case Manager: Officer, Kevin

Child/Guardian	Date of Birth	Confirmed Date	Level	Most Recent PbB Date	Level	Type	Previous PbB Date	Level	Type
Barton, Donald III	6/12/2007	8/24/2010	20.00				1/10/2011	24.00	V
*Guardian: Osterlander, Alonah			5633867432				Status O		
Blair, Jayden	9/20/2008	11/23/2010	24.00				12/19/2011	28.00	C
*Guardian: Blair, Jacob			No phone number given				Status O		
Ensz, Blake	1/31/2009	2/8/2013	33.00				2/5/2013	31.00	V
*Guardian: Ensz, Alyssa			No phone number given				Status O		
Ensz, Judson	11/16/2011	2/8/2013	50.00				2/6/2013	48.00	V
*Guardian: Ensz, Sara			No phone number given				Status O		
Grady, Rebekah	9/28/2011	11/8/2013	21.00	11/8/2013	21.00	V	11/8/2013	21.00	V
*Guardian: Grady, Tara			No phone number given				Status O		
Hackley, Gaston	2/25/2007	3/19/2009	38.00	9/10/2009	15.00	C	7/6/2009	14.00	V
*Guardian: Schulte, Josabell			No phone number given				Status O		
Larry, Kaitlyn	5/3/2010	11/21/2011	41.00				1/6/2012	25.00	V
*Guardian: Larry, Megan			No phone number given				Status O		
McClaren, Michael	7/1/2012	8/16/2013	20.00				8/16/2013	19.00	V
*Guardian: McClaren, Kelly			No phone number given				Status O		
Meyer, Alden	5/5/2010	2/9/2012	27.00				2/12/2013	19.00	V
*Guardian: No guardian named			No phone number given				Status O		
Miller, Clara	12/19/2007	6/26/2009	23.00	8/17/2010	12.00	V	7/20/2010	15.00	C
*Guardian: Miller, Clara			No phone number given				Status O		
Borris, Paul	6/2/2011	7/9/2012	18.00				3/18/2013	12.00	C
*Guardian: Morris, Amanda			No phone number given				Status O		

